

Patient VFC Status Screening Form

Child's Full Name: _____

Date of Birth: _____

Full name of Parent, Guardian, or Legal Representative: _____

Health Care Provider's Full Name: _____

INSTRUCTIONS:

- VFC eligibility status must be asked and documented at every immunization visit.
- Form must be completed for every child under age 19 years.
- Form must be completed at every immunization visit.
- Use the back of form to record documentation of VFC eligibility status at additional immunization visits.
- Form can be completed by the child's parent, guardian, or legal representative, or by a health care provider.
- Verification of responses is not required.
- Keep this form in the child's medical record or on file in the provider office.
- This form must be made available on request at site reviews as required by CDC guidance.
- Documentation of VFC Eligibility Status must be kept for a minimum of 6 years after the child has left this practice (as per CDC and Washington State guidelines).

Initial Screening Date: _____

Patient's Vaccine for Children (VFC) Status Is: (Choose one)

- ☐ American Indian or Alaska Native
- ☐ Medicaid: Department of Social and Health Services (DSHS) or Fee for Service
- ☐ No health insurance
- ☐ Underinsured (the child has health insurance coverage that has limited or no coverage for administration of vaccines)
- ☐ Child Health Insurance Program (CHIP)
- ☐ Private insurance

Please note: The private insurance category includes private health plans and children in state sponsored health plans [e.g. Health Care Authority non-Medicaid Apple Health, DSHS CHIPRA (formerly SCHIP), CHP or other non-Medicaid DSHS health plans.]

Ask and document the patient's VFC Eligibility Status at every immunization visit, even if there is no change in status.

Use the back for additional visits.

Patient VFC Status Screening Form

CDC requires providers to ask and document the patient's VFC Eligibility Status at every immunization visit.

Child's Full Name: _____

Date of Birth: _____

[illegible]

This form is available for download at: http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-126_PatientVFCStatusScreeningForm.pdf